

Application Data Sheet**Application Information**

Application number::

Filing Date::

Application Type:: Utility

Subject Matter::

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: no

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: OPIOID DELIVERY SYSTEM

Attorney Docket Number:: 31167-2023

Request for Early Publication?: no

Request for Non-Publication?: no

Suggested Drawing Figure: 1

Total Drawing Sheets:: 18

Small Entity?:: yes

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Page # 1

BEST AVAILABLE COPY

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

1. Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full
Given Name:	Steven
Middle Name::	Louis
Family Name:	Shafer
Name Suffix:	Mr.
City of Residence::	Mountain View
State or Province of Residence::	California
Country or Residence::	USA
Street of mailing address::	531 Sullivan Drive
City of mailing address::	Mountain View
State or Province of mailing address::	California
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94041

2. Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full

Given Name: Orlando
Middle Name:: Ricardo
Family Name: Hung
Name Suffix: Mr.
City of Residence:: Halifax
State or Province of Residence:: Nova Scotia
Country or Residence:: Canada
Street of mailing address:: 933 Greenwood Avenue
City of mailing address:: Halifax
State or Province of mailing address:: Nova Scotia
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: B3H 3L1

3. Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full
Given Name: Diana
Middle Name:: Helen
Family Name: Pliura
Name Suffix: Ms.
City of Residence:: Mississauga
State or Province of Residence:: Ontario
Country or Residence:: Canada
Street of mailing address:: 5032 Brandy Lane Court

City of mailing address:: Mississauga
State or Province of mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: L5M 5A2

Correspondence Information

Correspondence Customer Number:: 33721
Name:: Torys LLP - Dolly Kao, Reg. No.
44,451
Street of mailing address:: 79 Wellington Street West
City of mailing address:: Toronto
State or Province of mailing address: Ontario
Country of mailing address: Canada
Postal or Zip Code of mailing address:: M5K 1N2
Phone number:: 416.865.7694
Fax Number:: 416.865.7380
E-Mail address:: dkao@torys.com

Representative Information

Representative Customer Number::	33721	
-------------------------------------	-------	--

Domestic Priority Information			
Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is a	Non-provisional of	60/450,333	02/28/2003